# INDEPENDENT LIVING PROVIDER REFERRAL

##

|  |  |
| --- | --- |
| **IL Provider:**  | **Date:**  |
| **Services Needed:**  |
| Youth Name:  | **[ ]  Initial Referral** **[ ]  Re-Referral** |
| UNITY Case #       | Referral Date:        |
| Next court date:        | Youth’s next CFT:       |

|  |  |  |
| --- | --- | --- |
| Youth Phone:       | Birth date:       |  Age:       |
| School:       | Grade:       |
| Best time to reach youth:       | Youth e-mail:       |

|  |  |
| --- | --- |
| Referring Caseworker:       | Caseworker Site/Office:       |
| Caseworker’s Phone :       | Caseworker’s Cell Phone:       |

|  |  |
| --- | --- |
| Caregiver / Contact Name:       | Caregiver / Contact Address:       |
| Caregiver/ Contact Phone:       | Cell/alternative Phone:       |
| Email:       |  |
| Best time to reach Caregiver / Contact:       |

Please identify adults significant to the youth for attendance at the Youth Plan for Independent Living meeting, as applicable.

|  |  |
| --- | --- |
| Attorney:       | Phone:       |
| GAL:       | Phone:       |
| CASA:       | Phone:       |
| WIN Worker:       | Phone:       |
| Other:       | Phone:       |
| Other:       | Phone:       |

|  |
| --- |
| **Summary of Youth Functioning\*:**       |

\*Please identify any special needs, areas requiring immediate attention, or any other areas that may affect IL services. For example: school credit deficiency, alcohol/substance abuse, legal/incarceration issues, pregnancy, hospitalization, medical, mental health, developmental delays, etc.

# REFERRAL FOR INDEPENDENT LIVING SERVICES

**Ansell-Casey Assessment**

**[ ]  Initial Assessment OR [ ]  Reassessment (check one)**

**Youth Plan for Independent Living**

**[ ]  Initial Plan OR [ ]  Update (check one)**

**Has the Child and Family team-planning meeting been scheduled?**

**[ ]  yes – Date and Time Scheduled**

**[ ]  no**

**Youth Advisory Council involvement requested? [ ] yes [ ]  no**

**Life Skills Classes? [ ]**  **yes [ ]  no**

**If yes, please mark domain(s) below:**

**[ ]  *To be determined after independent living assessment meeting***

**[ ]  Family Relationships & Home Life**

**[ ]  Communication**

**[ ]  Self Care**

**[ ]  Daily Living**

**[ ]  Social Relationships & Permanent Connections**

**[ ]  Education & Study Skills**

**[ ]  Work Life**

**[ ]  Housing**

**[ ]  Money Management**

**[ ]  Career Planning**

**[ ]  Other** (provide information below)

|  |
| --- |
| Additional Information: |